



YOUTH VOLUNTEER APPLICATION

American Red Cross

GREATER PALM BEACH AREA CHAPTER
CHAPTER HEADQUARTERS: 825 FERN STREET WEST PALM BEACH, FL 33401
WWW.REDCROSS-PBC.ORG 1-800-REDCROSS

- PRINT NEATLY IN BLUE OR BLACK INK OR TYPE -
PARENT OR GUARDIAN SIGNATURES MUST BE PRESENT IN ORDER FOR APPLICATION TO BE PROCESSED.

LAST NAME		FIRST NAME		MIDDLE NAME
SUFFIX (JR., II, ETC.)	PREFERRED NAME NICKNAME			DATE OF BIRTH MM/DD/YY
MAILING ADDRESS STREET				
CITY	STATE	ZIP CODE	COUNTY	
TELEPHONE HOME ()	ALTERNATE NUMBER ()		WHAT IS THIS NUMBER? CIRCLE ONE SECOND LINE CELL FAX	
E-MAIL ADDRESS (INCLUDE CARRIERS: AOL.COM, BELL SOUTH.NET, HOTMAIL.COM) REMEMBER SOME CARRIERS ARE CASE SENSITIVE.				
FOR RED CROSS USE ONLY				

SCHOOL INFORMATION

SCHOOL CURRENTLY ATTENDING		YEAR OF GRADUATION OR GRADE LEVEL
CITY	STATE	ZIP
EXTRACURRICULAR ACTIVITIES (KEY CLUB, SGA, SPORTS)		
ARE YOU CURRENTLY ENROLLED IN A MAGNET PROGRAM (I.E. INTERNATIONAL BACCALAUREATE, ARTS PROGRAM, MEDICAL MAGNET)?		

HAVE YOU EVER WORKED AS A RED CROSS VOLUNTEER OR EMPLOYEE?	YES	NO
RED CROSS CHAPTER:	DATES:	
ARE YOU CURRENTLY A VOLUNTEER ELSEWHERE?	YES	NO
ORGANIZATION/AGENCY	DATES:	
DO YOU HAVE ANY SPECIAL OR TECHNICAL SKILLS & TRAINING? PLEASE CIRCLE		
PHOTOGRAPHY	VIDEOGRAPHY /EDITING	NEWSPAPER EDITING
MUSICAL INSTRUMENTS _____		
COMPUTERS GENERAL KNOWLEDGE	COMPUTER (ADVANCE KNOWLEDGE)	WEBSITE DESIGN
OTHER (PLEASE LIST):		

AMERICAN RED CROSS APPLICANT DATA RECORD

This American Red Cross Chapter, in recognition of its responsibility to its volunteer and paid staff, and the community it serves, reaffirms its policy to assure fair and equal treatment in all its employment practices, for all persons. We will not discriminate on the basis of race, color, religion, sex, marital status, sexual orientation, age, national origin, disability, veteran status, or on any other protected status except where such is a bona fide occupational qualification.

Solely to help us comply with government record keeping and reporting, please provide the information about yourself requested on this Applicant Data Record. The data will be kept in a confidential file. Completion of this form is voluntary and will not affect your application for volunteer service with the Red Cross.

PLEASE PRINT

Name: _____

Date: _____

Circle one: Male Female

Check one:

RACE	
	American Indian/Alaskan Native
	Asian/Pacific Islander
	Black /African American
	Hispanic/Latino
	Native Hawaiian/other Pacific Islander
	Caucasian/White
	Two or more races
	Other (please describe)

Do you speak another language other than English? YES NO

If yes, would you like to be placed in the Language bank as an interpreter? YES NO

Please check the appropriate Languages below.

Language	Competent	Fluent	Able to Read
Arabic			
Chinese			
Creole			
Dutch			
Finnish			
French			
German			
Farsi			
Greek			
Hebrew			
Hindi			
Hungarian			
Italian			
Japanese			

Language	Competent	Fluent	Able to Read
Korean			
Polish			
Portuguese			
Romanian			
Russian			
Sign Language			
Spanish			
Swahili			
Swedish			
Tagalog			
Turkish			
Ukrainian			
Vietnamese			
Other:			

AMERICAN RED CROSS CODE OF CONDUCT

INTRODUCTION

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its volunteers and paid staff. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required to those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid staff.

CODE OF CONDUCT

No volunteer or paid staff member shall:

- Authorize the use of or use for benefit or advantage of any person, name, emblem, endorsement, services, or property of the American Red Cross.
- Accept for seek, on behalf of himself or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer's or paid staff's affiliation with the American Red Cross.
- Publicly utilize any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official position of the American Red Cross.
- Disclose any confidential American Red Cross information that is available solely as a result of the volunteer's or paid staff member's affiliation with the American Red Cross to any person not authorized to receive such information, or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
- Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- Operate or act in any manner that is contrary to the best interest of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interest of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in and decision or voting in connection with the matter.

CERTIFICATION

I, _____, certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest in or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interest of the American Red Cross. Should such conflicts or apparent conflicts of interest arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decision, or voting related to the matter.

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the Chairman of my unit, or his/her designee, any further situation that involves, or might appear to involve, me in any conflict with the best interest of the American Red Cross.

Signature: _____

Date: _____

CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT

FOR ALL VOLUNTEERS

This Agreement is made between (name) _____ and the Greater Palm Beach Area Chapter of the American Red Cross, on (date): _____.

Volunteer/Community Service Worker will perform services for the American Red Cross which may require the American Red Cross to disclose confidential and proprietary information ("Confidential Information") to Volunteer/Community Service Worker. (Confidential Information is any information of any kind, nature or description concerning any matters affecting or relating to your services for the American Red Cross, the business or operations of the American Red Cross, and/or the products, plans, processes, or other data of the American Red Cross, such as client names, donor information, proprietary business information, etc.). Accordingly, to protect the American Red Cross Confidential Information that will be disclosed to Volunteer/Community Service Worker, the Volunteer/Community Service Worker agrees as follows:

- A. Volunteer/Community Service Worker will hold the Confidential Information received from the American Red Cross in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. Volunteer/Community Service Worker will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by the American Red Cross.
- C. Volunteer/Community Service Worker will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for the American Red Cross.
- D. Volunteer/Community Service Worker will, upon request or upon termination of his/her relationship with the American Red Cross (whether voluntary or involuntary), deliver to the American Red Cross any notes, documents, equipment, and materials received from the American Red Cross or originating from its activities for the American Red Cross.
- E. The American Red Cross will have the sole right to determine the treatment of any information that is part or project specific received from Volunteer/Community Service Worker, including the right to keep the same to use.
- F. The American Red Cross reserves the right to take any and all legal action, including discipline or termination for violations of the confidentiality provisions of this agreement.

Volunteer/Community Service Worker represents and warrants that it is not under any preexisting obligations inconsistent with the provisions of this agreement.

Signing below signifies that the Volunteer/Community Service Worker agrees to the terms and conditions of the agreement stated above.

American Red Cross

Volunteer/Community Service Worker

Red Cross Representative Signature

Volunteer/Community Service Worker Signature

Date: _____

Parent/Guardian of Volunteer/Community Service Worker (if under 18 years of age) Signature

Date: _____

AMERICAN RED CROSS MISSION STATEMENT

THE AMERICAN RED CROSS IS A HUMANITARIAN ORGANIZATION, LED BY VOLUNTEERS THAT PROVIDES RELIEF TO VICTIMS OF DISASTERS AND HELPS PEOPLE PREVENT, PREPARE FOR AND RESPOND TO EMERGENCIES. IT DOES THIS THROUGH SERVICES THAT ARE CONSISTENT WITH ITS CONGRESSIONAL CHARTER AND THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS MOVEMENT.

VOLUNTEER COMMITMENT

I UNDERSTAND THAT I MUST ABIDE BY THE RULES AND REGULATIONS OF THE AMERICAN RED CROSS AND ANY OTHER INSTITUTION TO WHICH I AM ASSIGNED. I UNDERSTAND THAT IN ORDER TO QUALIFY FOR CERTAIN VOLUNTEER ASSIGNMENTS THAT I MUST COMPLETE RED CROSS OFFERED TRAINING. I UNDERSTAND THAT AT TIMES MY VOLUNTEER ASSIGNMENT MAY EXPOSE ME TO UNCOMFORTABLE WORK CONDITIONS AND TEMPERAMENTAL BEHAVIOR OF OTHERS. I UNDERSTAND, THAT I AM A REPRESENTATIVE OF THE AMERICAN RED CROSS AT ALL TIMES. I WILL REPRESENT THIS ORGANIZATION IN A POSITIVE MANNER, THIS MEANS PERFORMING MY DUTIES IN A COURTEOUS MANNER, UNSELFISHLY AND TO THE BEST OF MY ABILITY. AS A VOLUNTEER STAFF MEMBER, I RECOGNIZE AND WILL BE COMMITTED TO THE PRINCIPLES OF THE AMERICAN RED CROSS (IMPARTIALITY, NEUTRALITY, HUMANITY, INDEPENDENCE, VOLUNTARY SERVICE, UNITY, UNIVERSALITY).

YOUTH SIGNATURE: _____ DATE: _____

PARENTAL CONSENT

MY CHILD/WARD HAS MY PERMISSION TO PARTICIPATE AS A RED CROSS YOUTH VOLUNTEER. I MAKE THE COMMITMENT TO SUPPORT MY CHILD/WARD IN THIS ACTIVITY WHENEVER POSSIBLE. I UNDERSTAND THAT HIS OR HER TRAINING MAY INCLUDE EXPLICIT INFORMATION AND THAT HIS OR HER VOLUNTEER ASSIGNMENTS MAY EXPOSE HIM OR HER TO UNCOMFORTABLE WORKING CONDITIONS, POTENTIAL HAZARDS, AND THE POSSIBLE TEMPERAMENTAL BEHAVIOR OF OTHERS. I HEREBY DO RELEASE AND DISCHARGE, THE AMERICAN NATIONAL RED CROSS, ITS ASSIGNEES, OFFICERS, AGENTS, EMPLOYEES, AND OFFICIALS AND THEIR SUCCESSORS FROM ANY AND ALL LIABILITY (INCLUDING DEATH) THAT MAY BE RECEIVED BY MY MINOR CHILD/WARD: FROM ALL CLAIMS AND DEMANDS TO PERSONAL PROPERTY GROWING OUT OF OR RESULTING FROM MY CHILD/WARD'S PARTICIPATION IN THE PALM BEACH COUNTY CHAPTER ACTIVITIES, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OF THE FOREGOING. MY SIGNATURE BELOW AUTHORIZES TRANSPORT OF MY CHILD WHEN NECESSARY TO AND FROM RED CROSS ACTIVITIES AND AUTHORIZES THE ABOVE MEDICAL RELEASE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURES MUST BE PRESENT IN ORDER FOR APPLICATION TO BE PROCESSED.

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY			
APPLICATION RECEIVED	ID NUMBER ASSIGNED BY CHERS/ATLAS	DATE	REV BY